



CHILD DEVELOPMENT AND CARE BILLING/REPORTING RECORD

Michigan Family Independence Agency

Read instructions on back before reporting.

Provider
ID Number

PAY PERIOD # (ONE PER FORM)					PAGE#	

BILLING/REPORTING PERIOD DATES
TO

Use this form when you call in your report at the end of the pay period

FIA REPORTING PHONE 1-888-779-2775 (Touch-tone)
NO: 1-888-826-1772 (Voice)

Keep this form for four years as a reporting record.

Write your confirmation number here: _____

	SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTAL
Child's Name															Child Care Hours
Child ID #															Child Ill/Holidays
Case #															Charge for Care
Child's Name															Child Care Hours
Child ID #															Child Ill/Holidays
Case #															Charge for Care
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Case #															Charge for Care
Child's Name															Child Care Hours
Child ID #															Child Ill/Holidays
Case #															Charge for Care

I certify that: • the above reporting information is true and accurate to the best of my knowledge based on available information. • I am not charging the FIA more than I charge the general public. • I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis. • The parents of the children in care have unlimited access to their children while they are in my care. • I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

DATE: _____

AUTHORIZED
PROVIDER
SIGNATURE:

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INSTRUCTIONS: Complete all the information requested if it is not pre-printed.**PROVIDER NAME AND ADDRESS:** Enter your name and address in the upper-left corner.**BILLING/REPORTING PERIOD DATES:** Enter the first and last dates of the pay period the reporting covers. See Provider Handbook and Reporting Instructions for Child Care Providers, FIA Pub. 230, for pay period dates.**PAY PERIOD #:** Enter the number of the pay period that corresponds to the reporting dates. (See FIA Pub. 230.) Use a separate FIA-805 or FIA-805A, Child Development and Care Billing/Reporting Record, for each pay period.**PAGE #:** Enter the page number.**Provider ID Number:** Enter the 7-digit number (**not** license number) assigned to the child care provider to be used when reporting to the Agency, if not preprinted. (See FIA-198, Child Development and Care Certificate / Notice of Authorization.)**Confirmation Number:** Enter the confirmation number you get at the end of your phone call when reporting billing information.**Child's Name:** Enter the full name of each child for whom care has been authorized for the reporting period.**Child's ID #:** Enter the child's eight-digit identification (ID) number. (See FIA-198.)**Case #:** Enter the case number assigned to the child's family. (See FIA-198.)**Child Care Hours:** In the box under each day that care was provided, enter the number of hours of care that were actually provided. Include tenths of hours. (Example: 3.5) **This may be more or less than the number of hours authorized on the FIA-198. Leave blank any days the child did not attend.****Child Ill/Holidays:** State of Michigan holidays and absences due to the child's illness can be reported if you charge the general public (all customers) for holiday or absences due to illness. See the Provider Handbook and Reporting Instructions for Child Care Providers, FIA Pub. 230. In the box under the day that the holiday or the absence occurred, enter the number of hours being reported. Include tenths of hours. (Example: 3.5) Do not enter more hours than the child normally would have been in care that day.**TOTALS:****Child Care Hours:** In the boxes labeled "Child Care Hours," enter the total hours of care for this row for the two-week pay period. Round up if there is a part of an hour reflected in the total. (Example: 45.3 is rounded up to 46.) **You may only report care that was actually provided. This may be more or less than the number of hours authorized.****Child Ill/Holidays:** In the boxes labeled "Child Ill/Holidays," enter the total for this row for the two-week pay period. Round up if there is a part of an hour reflected in the total. (Example: 8.5 is rounded up to 9.)**Charge for Care:** In the boxes labeled "Charge for Care," enter the total amount of your charge for care for this child for the **two-week pay period. Round to the nearest dollar. No cents are to be entered, including zeros.** (Example: Your charge for full time care is \$80.20 per week, and this child was in care full time for both weeks. Enter 160 in these boxes.)**AUTHORIZED PROVIDER SIGNATURE AND DATE:** The person authorized to complete the FIA-805/805A signs and dates the form.**EXAMPLE:**

EXAMPLE:									SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTAL					
Child's Name										1.5	4	6	9	5			7	8	3		1.8		Child Care Hours					
																				8.5			Child Ill/Holidays					
Child ID #																							9					
Case #																									Charge for Care:			
																									\$	1	6	0

At the end of the pay period, you must report child care hours and your charge for care using the Automated Billing for Child Care System (ABCs). Two options are available to you: telephone reporting or Internet reporting. For either option you will need to know the pay period number, your provider I.D. number, and your personal identification number (PIN) or Internet password. For Internet reporting instructions, go to www.michigan.gov/fia, and click on Day Care, I-Billing. To use telephone reporting, call 1-888-779-2775 (touch tone) or 1-888-826-1772 (voice – if you do not have touch-tone service).

For questions about telephone reporting, call 1-888-281-3172. For questions about Internet reporting or questions about payments, call 1-800-444-5364.

REPORTING OVER/UNDER PAYMENTS: To report corrections for underpayments or overpayments to a previously reported pay period, submit a corrected report entering the correct bi-weekly charge and the correct number of hours **that should have originally been reported.** FIA will calculate the difference between the corrected report and the original report.

For corrections that result in an underpayment, a supplemental payment will be issued for the amount of the underpayment. For corrections that result in an overpayment, FIA will mail a statement showing the overpayment balance.

NOTE: A common error when correcting a report for an **underpayment** is to enter only the additional hours or dollars. This error will result in an **overpayment** calculation.

FAMILIES ARE RESPONSIBLE FOR PAYMENT OF ANY AMOUNT NOT PAID BY FIA.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: P.A. 280 of 1939.

RESPONSE: Mandatory.

PENALTY: Child Care Provider would not get paid.